

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 56

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Friends Of Debra Hauser 2010					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Sabrina	F	Bruno			
4. TREASURER ADDRESS						
Street Address			City	State	Zip Code	
107 Canner St			New Haven	CT	06511	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		State Representative			R096	
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Debra	P.	Hauser			
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date		Ending Date				
04/01/2010		thru		06/30/2010		
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Ronald Osach		07/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Debra Hauser 2010	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$100.00	
14. Contributions received from Individuals (Section A and B)	\$7,320.00	\$7,420.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$15,000.00	\$15,000.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$22,320.00	\$22,420.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$22,420.00	\$22,420.00
20. Expenses Paid by Committee (Section N)	\$12,833.90	\$12,833.90
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$9,586.10	\$9,586.10
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$151.00	\$151.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$9,162.46	\$10,595.51
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$4,114.46	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,126.71	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Styron	First Name Tom	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0004	Amount of Contribution
Residential Street Address 176 Ives St	City Hamden	State CT	Zip Code 06518	Date Received 04/01/2010	
Principal Occupation Psychologist	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Last Name Styron	First Name Phoebe	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0074	Amount of Contribution
Residential Street Address 176 Ives St	City Hamden	State CT	Zip Code 06518	Date Received 04/01/2010	
Principal Occupation None	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Last Name Birdwhistell	First Name Nan	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0005	Amount of Contribution
Residential Street Address 16 Cleft Rock Ln	City Woodbridge	State CT	Zip Code 06525	Date Received 04/05/2010	
Principal Occupation Attorney	Name of Employer Murtha Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$250.00
Last Name Cappetta	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0006	Amount of Contribution
Residential Street Address 137 Ford St	City Milford	State CT	Zip Code 06461	Date Received 04/05/2010	
Principal Occupation	Name of Employer Community Foundation for Greater New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Eder	First Name Eileen	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0007	Amount of Contribution
Residential Street Address 167 Uncas Point Rd	City Guilford	State CT	Zip Code 06437	Date Received 04/06/2010	
Principal Occupation Artist, Teacher	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Campbell	First Name Ken	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0008	Amount of Contribution
Residential Street Address 141 Newton Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/08/2010	
Principal Occupation Member	Name of Employer KEC EVT LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Williams	First Name John	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0009	Amount of Contribution
Residential Street Address 1916 R St NW Apt 101	City Washington	State DC	Zip Code 20009	Date Received 04/08/2010	
Principal Occupation Project Manager	Name of Employer IGR, LTD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Citkowitz	First Name Elena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0010	Amount of Contribution
Residential Street Address 410 Livingston St	City New Haven	State CT	Zip Code 06511	Date Received 04/09/2010	
Principal Occupation Doctor	Name of Employer St Raphael Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Simpson	First Name Jan	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0012	Amount of Contribution
Residential Street Address 240 Livingston St	City New Haven	State CT	Zip Code 06511	Date Received 04/10/2010	
Principal Occupation Writing Tutor	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Schenck	First Name Anne	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0011	Amount of Contribution
Residential Street Address 171 Everit St	City New Haven	State CT	Zip Code 06511	Date Received 04/10/2010	
Principal Occupation Volunteer	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ciccio	First Name John	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0013	Amount of Contribution
Residential Street Address 370 Amity Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/13/2010	
Principal Occupation Attorney	Name of Employer Allstate Insurance Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Grubman	First Name Eric	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0014	Amount of Contribution
Residential Street Address 2 Fox Den Way	City Woodbridge	State CT	Zip Code 06525	Date Received 04/13/2010	
Principal Occupation Physician	Name of Employer Cardiology Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name James	First Name Shure	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0015	Amount of Contribution
Residential Street Address 334 Audubon Ct	City New Haven	State CT	Zip Code 06511	Date Received 04/14/2010	
Principal Occupation President	Name of Employer Robert E. Shure, Inc. Funeral Home	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Brockman	First Name Herbert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution
Residential Street Address 345 Ridge Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/15/2010	
Principal Occupation Rabbi	Name of Employer Congregation Mishkan Israel	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ross	First Name Carol	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0017	Amount of Contribution
Residential Street Address 160 E Rock Rd	City New Haven	State CT	Zip Code 06511	Date Received 04/15/2010	
Principal Occupation retired teacher	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Levy	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0019	Amount of Contribution
Residential Street Address 32 Hunting Hill Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/16/2010	
Principal Occupation Executive	Name of Employer Honeywell Int.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Levy	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0018	Amount of Contribution
Residential Street Address 32 Hunting Hill Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/16/2010	
Principal Occupation homemaker	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Danenberg	First Name Sophia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0020	Amount of Contribution
Residential Street Address 1001 Queen Anne Ave N Apt 4	City Seattle	State WA	Zip Code 98109	Date Received 04/16/2010	
Principal Occupation Environment	Name of Employer Boeing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Long	First Name Kay	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 180 E Rock Rd	City New Haven	State CT	Zip Code 06511	Date Received 04/17/2010	
Principal Occupation Psychologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ritter	First Name Elizabeth	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0022	Amount of Contribution
Residential Street Address 24 Old Mill Rd	City Quaker Hill	State CT	Zip Code 06375	Date Received 04/17/2010	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Magun	First Name Marsha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0060	Amount of Contribution
Residential Street Address 37 Point Beach Dr	City Milford	State CT	Zip Code 06460	Date Received 04/19/2010	
Principal Occupation Psychotherapist	Name of Employer The Waynik Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Gerber	First Name Cindy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0023	Amount of Contribution
Residential Street Address 56 Deer Run Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/19/2010	
Principal Occupation Freelance Writer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Pinkert	First Name Shelly	MI O	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0025	Amount of Contribution
Residential Street Address 49 Country Club Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 04/20/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Saccente	First Name Mara	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0063	Amount of Contribution
Residential Street Address 524 Ridge Rd	City Orange	State CT	Zip Code 06477	Date Received 04/20/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ellant	First Name Jody	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0024	Amount of Contribution
Residential Street Address 67 Deer Run Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/20/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Mills	First Name Leslie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0059	Amount of Contribution
Residential Street Address 132 Beach Ave	City Milford	State CT	Zip Code 06460	Date Received 04/20/2010	
Principal Occupation President	Name of Employer Iota Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Vadala	First Name Colleen	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0070	Amount of Contribution
Residential Street Address 344 Wood Pond Rd	City Cheshire	State CT	Zip Code 06410	Date Received 04/20/2010	
Principal Occupation Administrator	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Cabrera	First Name Jorge	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution
Residential Street Address 28 Long Meadow Rd	City Hamden	State CT	Zip Code 06514	Date Received 04/21/2010	
Principal Occupation Consultant	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Marcus	First Name Barbara	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0029	Amount of Contribution
Residential Street Address 99 W Meadow Rd	City Hamden	State CT	Zip Code 06518	Date Received 04/22/2010	
Principal Occupation Clinical Psychologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Zanuttini	First Name Raffaella	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0030	Amount of Contribution
Residential Street Address 20 Rogers Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010	
Principal Occupation Professor	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Chan	First Name Jenny	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0031	Amount of Contribution
Residential Street Address 55 Jackson Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010	
Principal Occupation Graphic Designer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Goldstein	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0035	Amount of Contribution
Residential Street Address 55 Jackson Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010	
Principal Occupation Physician	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Vaccino	First Name Kristina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0032	Amount of Contribution
Residential Street Address 68 Harding Rd	City West Haven	State CT	Zip Code 06516	Date Received 04/22/2010	
Principal Occupation Secretary	Name of Employer Heartcare Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Roush	First Name Gillian	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0033	Amount of Contribution
Residential Street Address 177 Everit St	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Illick	First Name Alison	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0034	Amount of Contribution
Residential Street Address 4 Edgehill Rd	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation homemaker	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Hittle	First Name Thomas	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0038	Amount of Contribution
Residential Street Address 81 Meadow St	City New Haven	State CT	Zip Code 06512	Date Received 04/22/2010	
Principal Occupation Contractor/ RE investor	Name of Employer Self (Tweed Landscape)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Gottlieb	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0040	Amount of Contribution
Residential Street Address 22 Beachwood Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/22/2010	
Principal Occupation Speech Language Pathologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Germe	First Name Mary	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0043	Amount of Contribution
Residential Street Address 34 High Meadow Ln	City West Haven	State CT	Zip Code 06516	Date Received 04/22/2010	
Principal Occupation Billing Coordinator	Name of Employer Heartcare Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Byrne	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0044	Amount of Contribution
Residential Street Address 24 Lyon St	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation Deputy Chief of Staff	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lamb	First Name Jennifer	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0045	Amount of Contribution
Residential Street Address 7 Pondwood Ct	City Hamden	State CT	Zip Code 06518	Date Received 04/22/2010	
Principal Occupation District Director for Congresswoman	Name of Employer Rosa DeLauro	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Sagar	First Name Robert	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0046	Amount of Contribution
Residential Street Address 72 Ranchwood Dr	City West Haven	State CT	Zip Code 06516	Date Received 04/22/2010	
Principal Occupation CPA	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Appelquist	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0047	Amount of Contribution
Residential Street Address 400 Livingston St	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation Physicist	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Rehm-McCabe	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0048	Amount of Contribution
Residential Street Address 55 Filbert St	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010	
Principal Occupation Accountant	Name of Employer Hoffman Architects	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Wain	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0049	Amount of Contribution
Residential Street Address 44 Hampton Close	City Orange	State CT	Zip Code 06477	Date Received 04/22/2010	
Principal Occupation Physician	Name of Employer Griffin Pathology Consultants	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bruno	First Name Sabrina	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0041	Amount of Contribution
Residential Street Address 107 Canner St	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation project Coordinator	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Osach	First Name Ila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0027	Amount of Contribution
Residential Street Address 12 Richard Sweet Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 04/22/2010	
Principal Occupation Medical Billing Clerk	Name of Employer Heartcare Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Baker Pepe	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0028	Amount of Contribution
Residential Street Address 157 Santa Fe Ave	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010	
Principal Occupation School Administrator	Name of Employer Foote School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Calder	First Name Gina	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0037	Amount of Contribution
Residential Street Address 182 Dwight St Apt 1F	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation Manager	Name of Employer Bridgeport hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Blango	First Name Charles	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0036	Amount of Contribution
Residential Street Address 197 Newhall St	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation Administrator	Name of Employer Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Luty	First Name Rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0002	Amount of Contribution
Residential Street Address 243 W Woods	City Hamden	State CT	Zip Code 06518	Date Received 04/22/2010	
Principal Occupation Director	Name of Employer Congregation Mishkan Israel	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Sager	First Name Susan	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0039	Amount of Contribution
Residential Street Address 11 Mead Cir	City Ansonia	State CT	Zip Code 06401	Date Received 04/22/2010	
Principal Occupation Bookkeeper	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Gaffney	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0042	Amount of Contribution
Residential Street Address 500 Prospect St Apt 4D	City New Haven	State CT	Zip Code 06511	Date Received 04/22/2010	
Principal Occupation writer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04222010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ciaburri	First Name Marie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0073	Amount of Contribution
Residential Street Address 365 Mather St	City Hamden	State CT	Zip Code 06514	Date Received 04/22/2010	
Principal Occupation Billing Clerk	Name of Employer Heartcare Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Pacetta-Ullman	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0050	Amount of Contribution
Residential Street Address 111 Marvel Rd	City New Haven	State CT	Zip Code 06515	Date Received 04/24/2010	
Principal Occupation Education Administrator	Name of Employer State of CT - Dept of Corrections	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Schiff	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0051	Amount of Contribution
Residential Street Address 76 Woodfield Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 04/26/2010	
Principal Occupation Homemaker	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Brownstein	First Name James	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0061	Amount of Contribution
Residential Street Address 32 Woodside Dr	City Woodbridge	State CT	Zip Code 06520	Date Received 05/04/2010	
Principal Occupation Attorney	Name of Employer Kantrovitz & Brownstein, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Goldblatt	First Name Charlotte	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0052	Amount of Contribution
Residential Street Address 120 Coram Ln	City Orange	State CT	Zip Code 06477	Date Received 05/06/2010	
Principal Occupation Commercial R5 Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Ansel	First Name Leah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0054	Amount of Contribution
Residential Street Address 425 E 63rd St	City New York	State NY	Zip Code 10065	Date Received 05/09/2010	
Principal Occupation Designer/consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Boyle	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0055	Amount of Contribution
Residential Street Address 158 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831	Date Received 05/16/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Hillman	First Name Allan	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0065	Amount of Contribution
Residential Street Address 34 Pickwick Rd	City Hamden	State CT	Zip Code 06517	Date Received 05/21/2010	
Principal Occupation Attorney	Name of Employer Kern & Hillman LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name White	First Name Ana	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution	
Residential Street Address 14 Grouse Ln	City Woodbridge	State CT	Zip Code 06525	Date Received 05/24/2010		
Principal Occupation Speech Language Pathologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Krystal	First Name Bonnie	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0067	Amount of Contribution	
Residential Street Address 119 Maplevale Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 05/28/2010		
Principal Occupation Psychologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Clapp	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0068	Amount of Contribution	
Residential Street Address 70 High Ln	City North Haven	State CT	Zip Code 06473	Date Received 06/01/2010		
Principal Occupation Landscaper	Name of Employer Jakes Lawn and Garden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Castater	First Name Eric	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0066	Amount of Contribution	
Residential Street Address 80 Town House Rd	City Hamden	State CT	Zip Code 06514	Date Received 06/01/2010		
Principal Occupation Unemployed	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Astrachan	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0003	Amount of Contribution
Residential Street Address 36 Hampton Close	City Orange	State CT	Zip Code 06477	Date Received 06/01/2010	
Principal Occupation Designer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Fiedler	First Name Susan	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0071	Amount of Contribution
Residential Street Address 90 Gilnock Dr	City New Haven	State CT	Zip Code 06515	Date Received 06/07/2010	
Principal Occupation Entrepreneur	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bracken	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0057	Amount of Contribution
Residential Street Address 51 Boston Post Rd	City Madison	State CT	Zip Code 06443	Date Received 06/18/2010	
Principal Occupation Caterer	Name of Employer Culinary Concerts	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Garcia	First Name Magdalena	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0056	Amount of Contribution
Residential Street Address 143 Bradley St	City New Haven	State CT	Zip Code 06511	Date Received 06/19/2010	
Principal Occupation RES	Name of Employer Cartus	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Blume	First Name Alyssa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0069	Amount of Contribution
Residential Street Address 22 Timber Ln	City Woodbridge	State CT	Zip Code 06525	Date Received 06/28/2010	
Principal Occupation homemaker	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Carasone	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0072	Amount of Contribution
Residential Street Address 120 Daniel Rd	City Hamden	State CT	Zip Code 06517	Date Received 06/29/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Total of Section B					\$7,320.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$7,320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Debra Hauser 2010				Original 07/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
04/13/2010	\$5,000.00	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card

Date Received	Amount	Method of Payment
06/21/2010	\$10,000.00	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card

Total of Section E**\$15,000.00**

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE	FILING DUE DATE				
Friends Of Debra Hauser 2010	Original 07/12/2010				
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)		
NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Debra Hauser 2010	Original 07/12/2010	
G. Interest from Deposits in Authorized Accounts		
Name of Institution	Date Received	Total Amount Received
Street Address	City	State
		Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			FILING DUE DATE	
Friends Of Debra Hauser 2010			Original 07/12/2010	
H. Public Grant Funds Received from the Citizen's Election Fund				
Purpose of Grant: Initial Primary	Supplemental/Independent Expenditure		Date Received	Amount
	General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure		Total of Section H	
	Primary General or Special Election			

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE	FILING DUE DATE			
Friends Of Debra Hauser 2010	Original 07/12/2010			
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name	Date of Transaction	Amount Received		
Street Address	City		State	Zip Code
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Friends Of Debra Hauser 2010	FILING DUE DATE Original 07/12/2010
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 04/22/2010 A	Speech Event	396 Livingston St	New Haven	CT	06511

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 05/07/2010 C	Reception Event	11 Hunters Ridge Rd	Woodbridge	CT	06525

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment:				Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card		
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

Total of Section J2

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee		Name of Treasurer				
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Internal Revenue Service	04/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
Service Center	Andover	MA		05501
Purpose of Expenditure				
Description			Event #	
Payroll Tax				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$247.28	
Dana Altbauer	04/16/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
535 Prospect St	New Haven	CT		06511
Purpose of Expenditure				
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$3,232.40	
Audubon Copy Shop	04/16/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
48 Whitney Ave	New Haven	CT		06510
Purpose of Expenditure				
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$530.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ADP					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> EFT <input type="checkbox"/> Debit Card		
300 Long Beach Blvd	Stratford	CT	06615	Misc *			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name	Office Sought
							\$87.87
Name of Payee					Date of Payment	Method of Payment	Amount
Chase					04/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> EFT <input type="checkbox"/> Debit Card		
234 Church St	New Haven	CT		BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name	Office Sought
							\$25.00
Name of Payee					Date of Payment	Method of Payment	Amount
AD Perkins					04/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> 1003 <input type="checkbox"/> Debit Card		
43 Elm St	New Haven	CT	06510	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Other Candidate(s) Name	Office Sought
							\$21.94

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Internal Revenue Service					04/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT		
Service Center	Andover	MA	05501	Misc *	<input type="checkbox"/> Debit Card		
Description						Event #	
Payroll Tax							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$59.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dana Altbauer					05/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT		
535 Prospect St	New Haven	CT	05611	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$775.76	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP					05/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT		
300 Long Beach Blvd	Stratford	CT	06615	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$62.62	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Internal Revenue Service				05/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Service Center	Andover	MA	05501	Misc *		
Description					Event #	
Payroll Tax						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$79.13
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Greg Genecin				05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
340 St Ronan St	New Haven	CT	06511	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,034.37
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
ADP				05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
300 Long Beach Blvd	Stratford	CT	06615	Misc *		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$87.87
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Internal Revenue Service					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Service Center	Andover	MA	05501	Misc *			
Description						Event #	
Paroll Tax							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$98.91	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Greg Genecin					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
340 St Ronan St	New Haven	CT	06511	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,292.97	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign Management					06/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
402 Huntington St	New Haven	CT		CNSLT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,750.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Debra Hauser 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP					06/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
300 Long Beach Blvd		Stratford	CT	06615	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$62.62
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Internal Revenue Service					06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Service Center		Andover	MA	05501	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Paroll Tax							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$98.91
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Greg Genecin					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
340 St Ronan St		New Haven	CT	06511	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,298.97
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Campaign Management					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> EFT <input type="checkbox"/> Debit Card		
402 Huntingtin St	New Haven	CT	06515	CNSLT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
							\$1,750.00
Name of Payee					Date of Payment	Method of Payment	Amount
Chase					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> EFT <input type="checkbox"/> Debit Card		
234 Church St	New Haven	CT	06510	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
							\$34.00
Name of Payee					Date of Payment	Method of Payment	Amount
ADP					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> EFT <input type="checkbox"/> Debit Card		
300 Long Beach Blvd	Stratford	CT	06615	Misc *			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
							\$87.87

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Debra Hauser 2010						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Paypal				06/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>	
PO Box 45950	Omaha	NE	68145	Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
Service Fee						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$17.15
Name of Payee				Date of Payment	Method of Payment	Amount
Internal Revenue Service				06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>	
Service Center	Andover	MA	05501	Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
Payroll Tax						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$98.91
Total of Section N						\$12,833.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Staples	04/07/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$11.10	
Street Address Skiff & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description Office Supplies			Event #
Campaignswon.com	04/13/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$2,297.00	
Street Address 12 Boston Tpke	City Coventry	State CT		Zip Code 06238
Purpose of Expenditure A-OTH	Description walking cards			Event #
AT&T	04/14/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$246.59	
Street Address PO Box 8110	City Aurora	State IL		Zip Code 60507
Purpose of Expenditure OVHD	Description Campaign Phone line Bill			Event #
Target	04/19/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$2.27	
Street Address 20 W Main St	City Ansonia	State CT		Zip Code 06401
Purpose of Expenditure OFFICE	Description Office Supplies			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
New Haven MPO	04/19/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$28.00	
Street Address 767 Orange St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure OFFICE	Description Stamps			Event #
Staples	04/20/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$7.73	
Street Address Skiff & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description Office Supplies			Event #
Ansonia Post Office	04/26/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$56.00	
Street Address 237 Main St	City Ansonia	State CT		Zip Code 06401
Purpose of Expenditure POST	Description			Event #
Tyco Printing	04/27/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$291.50	
Street Address 262 Elm St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure PRNT	Description walking cards			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Staples	05/05/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$237.42	
Street Address 15 Ridge Rd	City Putnam	State CT		Zip Code 06260
Purpose of Expenditure OFFICE	Description Toner			Event #
Tyco Printing	05/07/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$26.50	
Street Address 262 Elm St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure OFFICE	Description			Event #
Staples	05/12/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$31.77	
Street Address 430 Universal Dr	City North Haven	State CT		Zip Code 06473
Purpose of Expenditure OFFICE	Description			Event #
Staples	05/12/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$23.79	
Street Address Skiff & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Custom Tees Plus	05/12/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$501.92	
Street Address 365 Whalley Ave	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure A-OTH	Description T Shirts			Event #
Staples	05/12/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$22.25	
Street Address Skiff St & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description			Event #
Access Audio Visual Syste	05/13/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$344.00	
Street Address 420 Sackett Pt	City New Haven	State CT		Zip Code 06473
Purpose of Expenditure Misc *	Description AV equipment			Event #
Staples	05/21/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$75.25	
Street Address 85 N Main St	City Branford	State CT		Zip Code 06405
Purpose of Expenditure OFFICE	Description			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Custom Tees Plus	05/24/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$710.20	
Street Address 365 Whalley Ave	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure A-OTH	Description Tee Shirts			Event #
Romeo & Cesare's	05/24/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$35.95	
Street Address 771 Orange St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure FOOD	Description			Event #
Eli Whitney Museum	05/24/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$300.00	
Street Address 915 Whitney Ave	City Hamden	State CT		Zip Code 06517
Purpose of Expenditure Misc *	Description space rental			Event #
Amity Retail Post Office	06/08/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$56.00	
Street Address 1449 Whalley Ave	City New Haven	State CT		Zip Code 06515
Purpose of Expenditure OFFICE	Description Stamps			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Romeo & Cesares	06/14/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$44.12	
Street Address 771 Orange St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure FOOD	Description			Event #
Maureen Gaffney	06/15/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,000.00	
Street Address 500 Prospect St	City New Haven	State CT		Zip Code 06510
Purpose of Expenditure CNSLT	Description			Event #
Staples	06/16/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$25.43	
Street Address Skiff St & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description Labels			Event #
Steve Perlmutter	06/17/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$238.50	
Street Address 25 Fairlawn Ave	City Branford	State CT		Zip Code 06405
Purpose of Expenditure Misc *	Description Photos			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
New Haven MPO	06/23/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$56.00	
Street Address 767 Orange St	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure POST	Description			Event #
Amity Retail Post Office	06/23/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$84.00	
Street Address 1449 Whalley Ave	City New Haven	State CT		Zip Code 06515
Purpose of Expenditure POST	Description			Event #
Staples	06/24/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$7.73	
Street Address Skiff St & Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure OFFICE	Description			Event #
Walgreens	06/28/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$80.00	
Street Address 1697 Whitney Ave	City Hamden	State CT		Zip Code 06517
Purpose of Expenditure Gift *	Description 8 - \$10 Gift Cards			Event #

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount
Hamden Post Office	06/28/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$51.52
Street Address 1744 Dixwell Ave	City Hamden	State CT	
Zip Code 06514	Event #		
Purpose of Expenditure POST	Description		
A Photographic Sensation	06/29/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$18.90
Street Address 1074 Main St	City Cheshire	State CT	
Zip Code 06410	Event #		
Purpose of Expenditure Misc *	Description CD Photo Releases		
Whitneyville Food	06/29/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$369.89
Street Address 1248 Whitney Ave	City Hamden	State CT	
Zip Code 06517	Event #		
Purpose of Expenditure FOOD	Description		
Premium Graphicx	06/29/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$543.00
Street Address 5512 Mitchelldale	City Houston	State TX	
Zip Code 77092	Event #		
Purpose of Expenditure A-SIGN	Description Lawn Signs		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Debra Hauser 2010	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
AT&T	06/29/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$86.07	
Street Address PO Box 8110	City Aurora	State IL		Zip Code 60507
Purpose of Expenditure OVHD	Description phone bill			Event #
Hamden Post Office	06/30/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$132.00	
Street Address 1744 Dixwell Ave	City Hamden	State CT		Zip Code 06514
Purpose of Expenditure Misc *	Description Flags			Event #
Maureen Gaffney	06/30/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,000.00	
Street Address 500 Prospect St	City New Haven	State CT		Zip Code 06510
Purpose of Expenditure CNSLT	Description			Event #
Total of Section O			\$9,162.46	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Debra Hauser 2010					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Friends Of Debra Hauser 2010						Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Harty Press Inc.				Date Incurred 06/29/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 25 James St			City New Haven			State CT	Zip Code 06513	
Purpose of Expenditure PRNT	Description							\$704.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought				
Name of Creditor Campaigns Won.Com				Date Incurred 06/29/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 12 Boston Tpke			City Coventry			State CT	Zip Code 06238	
Purpose of Expenditure A-DM	Description							\$3,409.56
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought				
Total of Section Q						\$4,114.46		

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Debra Hauser 2010					Original 07/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount
				Check #	
Secondary Payee			Purpose of Expenditure	Debit Card	
Street Address		City	State	Zip Code	
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought		
Yes					
No					
Total of Section R					

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Debra Hauser 2010				Original 07/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				